



City of Warwick
Office of Housing & Community Development
3275 Post Road, Warwick, RI 02886

Community Development Block Grant Application – 42nd Program Year

DUE DATE: January 15, 2016 3:00 PM

1. APPLICANT (AGENCY) _____

APPLICANT'S ADDRESS _____

CONTACT PERSON _____ PHONE _____

EMAIL ADDRESS _____

DUNS No. _____ (The federal government requires organizations to provide a DUNS number as part of their grant applications and proposals)

2. PROJECT TITLE _____

PROPOSED PROJECT LOCATION (Address or specific description-attach map) _____

TOTAL # PERSONS SERVED BY PROJECT _____ # PERSONS LOW/MOD INCOME _____

CURRENTLY RECEIVING CDBG FUNDS? YES ☐ NO ☐ PRESENT CDBG FUNDING \$ _____

TOTAL CDBG FUNDS REQUESTED \$ _____ TOTAL PROJECT COST \$ _____

****ALL PUBLIC SERVICE FUNDS MUST BE EXPENDED WITHIN THE FISCAL YEAR THE FUNDS ARE ALLOCATED. ANY FUNDS NOT EXPENDED BY JUNE 30, 2016, WILL BE RECAPTURED BY THIS OFFICE.**

3. PROJECT ELIGIBILITY (see instructions)

To be eligible for CDBG funding, a project must qualify as an eligible activity under the CDBG Program. Check the category that applies to your project.

☐ **Community Facilities and Improvements**

Neighborhood centers, senior centers, recreational facilities, centers for the handicapped, public utility facilities, street improvements, storm sewers, flood and drainage facilities & solid waste disposal facilities.

☐ **Development**

Land Acquisition and disposition, relocation assistance and debris removal.

☐ **Rehabilitation and Preservation**

Rehabilitation of homes, public housing modernization, code enforcement, historic preservation, and removal of architectural barriers.

☐ **Economic Development**

Public facilities rehabilitation, commercial and industrial facilities development, commercial and industrial property improvements.

☐ **Public Services**

Employment, crime prevention, child care, health, drug abuse, education, recreation, etc.

4. **PROJECT BENEFIT (National Objective)**

To be eligible for CDBG funding, a project must meet a national objective of the CDBG Program. From the two categories below, check the one (only one) under which the project qualifies.

[] **A. Benefit to low/moderate income persons (includes elderly, handicapped & homeless) (Check only one block)**

- ☐ On **AREA** basis?
- ☐ Provide **SERVICES** to low/moderate income persons.
- ☐ Provide **HOUSING** to low/moderate income persons.
- ☐ Provide **JOBS** to low/moderate income persons.

[] **B. Prevention or elimination of slums and blight**

5. **PROJECT DESCRIPTION** (See instructions)

Describe specifically the purpose of the project, identifying the problems the project is intended to help solve. Include WHAT you will do, WHO you will serve, WHY the project is needed, WHERE you will do it, WHAT you will fund with CDBG funds and WHEN will the project start and be completed, hours of operation, etc. (NOTE: More information is requested later; this space is for a brief overview of your project.)

WHAT will you do?

Targeted Clientele?

WHAT will the CDBG Funds be used for?

WHY is this project needed?

WHERE will project/program operate?

5. PROJECT DESCRIPTION CONT'D

HOURS & DAYS of operation?

WHEN will project/program start and end?

6. PROJECT BENEFICIARIES

Please identify the PRIMARY beneficiaries this project will serve. Information should relate only to activities supported by the requested CDBG funding. If serving special needs population group (e.g. elderly, disabled, HIV/AIDS, recovering substance abusers, mentally ill, etc.) then indicate the % of beneficiaries that have each particular special need. (Check the appropriate categories below.)

- _____ Low and moderate income community
- _____ Homeless: ☐ Individuals ☐ Families
- _____ Elderly ☐ Individuals ☐ Families
- _____ Frail Elderly ☐ Individuals ☐ Families
- _____ Youths in General
- _____ At-risk children and youths
- Specify type of risk _____
- _____ Severe Mentally ILL
- _____ Persons with disabilities
- _____ Developmentally Disabled
- _____ Persons with Alcohol/other Drug Addictions
- _____ Persons with HIV/AIDS
- _____ Victims of Domestic Violence
- _____ Veterans
- _____ Dually – diagnosed Persons

Total number of unduplicated persons this project will serve: _____

7. PERFORMANCE OUTCOME MEASURES

The U.S. Department of Housing and Urban Development (HUD) is instituting performance measures to gather information to determine the effectiveness of programs funded with CDBG, ESG, HOME and HOPWA. Information obtained on the local level will be reported to HUD which will enable HUD to describe performance results at the National Level. HUD's outcome performance measurement system has three objectives and three outcomes which are listed below.

A. Select one of the following that best fits your project objective:

- ☐ Suitable living environment
- ☐ Decent affordable housing
- ☐ Creating economic opportunity

B. Select at least one of the following that describes the outcome your project will achieve: (NOTE: Outcomes show how programs benefit a community or people served.)

- ☐ Availability/Accessibility
(Applies to activities that make services, infrastructure, housing, shelter, or employment opportunities available or accessible to low income persons by improving or providing new services, etc.)
- ☐ Affordability
(Applies to making an activity more affordable for low income persons.)
- ☐ Sustainability
(Using resources in a targeted area to help make that area more viable or livable.)

8. PROJECT SITE

A. Site Control: Indicate below the status of the project site and attach documentation of site control: (lease agreement, purchase option or property deed)

- ☐ Applicant owns property: Date acquired: _____
- ☐ Lease. Expiration Date: _____
- ☐ Option to purchase. Expiration Date: _____
- ☐ Other, describe: _____

B. Zoning: If zoning is not known, contact the Planning Department.

- 1) Project structure type is: ☐Residential ☐Commercial ☐Other: _____
- 2) What is current zoning classification of project site?: _____
- 3) Is site zoned correctly for the proposed activity?: ☐Yes ☐No
If No, then provide an explanation of efforts and timetable to change zoning or obtain variance.

C. Appraisal: If funding request is for property acquisition, has appraisal been done within the past 18 months?

- ☐Yes: must attach copy of appraisal
- ☐No. If appraised value not known, what is the source of acquisition cost estimate?

9. RELOCATION

Does project require temporary/permanent relocation or moving of occupants of a structure?

- ☐Yes ☐No

If yes, project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA).

A. *How many units are vacant?* _____ *How long have these units been vacant?* _____

B. *How many units are occupied?* _____

Requires: ☐ Temporary and/or ☐ Permanent Displacement

C. How many of the occupied units are:

Owner occupied?: _____ Renter-occupied?: _____ Businesses?: _____

D. *What is the projected total relocation cost?:* _____

Describe relocation plans, including timetable, notifications to seller and occupants?

10. **ACCESSIBILITY FOR PERSONS WITH PHYSICAL DISABILITIES**

Federal regulations require that all facilities and/or services assisted with CDBG/ESG/HOME/HOPWA funds be accessible to the disabled, whenever feasible. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of the toilet seats between 17-19 inches from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts) and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

A. **For Physical Improvement/Development Projects:**

Will completed project meet ADA standards for accessibility by the disabled?

☐ Yes ☐ No

B. **For Service Program (Direct Services):**

Is facility, in which program occurs in compliance with ADA accessibility standards?

☐ Yes ☐ No

C. **If you responded "No" in A or B above, describe accessibility problems and method to address problems, including funding and timetable.**

11. **EMPLOYMENT AND CLIENT PARTICIPATION**

A. **Non-Discrimination:** Do you notify the public that you do not discriminate based on race, color, religion, gender, sexual orientation, national origin, age or disabilities in hiring practices or provision of services?

☐ Yes ☐ Not currently ☐ Willing to adopt practice

12. PROPOSED PROJECT BUDGET

There are two budget sections: **A.: Budget for Physical Improvement/Development Projects Only** and **B.: Budget for Public Service Projects Only**. Please fill out the appropriate budget(s). Do not combine two or more distinct programs in one budget. Provide separate budgets for each separate program.

****Please note:** A Pre-Submission meeting is necessary prior to submitting Public Facilities & Site Improvement Project Applications. Please contact Kevin Sullivan.

A. Budget for Physical Improvement/Development Projects Only:

Include all items associated with implementing the activities described in the project.

| Line Item | Total Project Amount (including CDBG) | CDBG Portion Only |
|---------------------------------------|--|----------------------|
| Acquisition | \$ | \$ |
| Demolition | \$ | \$ |
| Relocation | \$ | \$ |
| Architectural Services | \$ | \$ |
| Lead-Based Paint Assessment/Abatement | \$ | \$ |
| Insurance/Bonding | \$ | \$ |
| Construction Management | \$ | \$ |
| Construction | \$ | \$ |
| Other (specify): | \$ | \$ |
| | | |
| | | |
| Total | \$ | \$ |
| CDBG % of Grand Total Cost | \$ | \$ |

*All estimates should take into account Davis-Bacon Rate (prevailing wage) when establishing budget.

*Provide a preliminary drawing developed for application.

B. Budget for Public Service Projects Only:

Include all items associated with implementing the specific activities described in the detailed project description, regardless of funding source. Include only the costs associated with the proposed activity.

| Line Item | a. City \$ Requested by this Proposal | b. Project \$'s from Other Resources | c. Total Project Cost \$ (=a+b) |
|---|---|--|---------------------------------------|
| Staff Salaries | \$ | \$ | \$ |
| Staff Fringe Benefits | \$ | \$ | \$ |
| Rental/Lease (City will not pay 100%) | \$ | \$ | \$ |
| Equipment Purchase (specify) | \$ | \$ | \$ |
| Materials/Supplies (specify) | \$ | \$ | \$ |
| Utilities (specify) | \$ | \$ | \$ |
| Insurance/Bonding (City will not pay 100%) | \$ | \$ | \$ |
| Audit (City will not pay 100%) | \$ | \$ | \$ |
| Contractual Services (specify) (RFP must be issued) | \$ | \$ | \$ |
| Scholarship Assistance (Indicate cost per person per session) _____ | \$ | \$ | \$ |
| Other: (specify) | \$ | \$ | \$ |
| TOTAL | \$ | \$ | \$ |

C. If applicable, please indicate below the total number of staff positions (including titles) which are included under the "Salaries and Fringes" portion of the Proposed Project Budget. Also, please show which positions or percentage of salary that would be reimbursed with CDBG funds.

| Position | Amount of Salary | Percentage Reimbursed with CDBG Funds |
|----------|------------------|--|
| | | |
| | | |
| | | |

13. COMMITTED FUNDS

Identify sources and amounts of committed funds for current program year for this project. If construction capital project, please identify funds committed in prior fiscal years.

(Documentation of committed funds must be submitted with application.)

| <i>Source</i> | <i>Funding Amount</i> | <i>Budget Line Item Covered by Funds</i> |
|---------------|-----------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |

14. PROPOSED REVENUE SOURCES

| | |
|--|----|
| <i>CDBG Funding Request</i> | \$ |
| <i>Applicant's Contribution</i> | \$ |
| <i>Other Government Contributions:</i> | |
| <i>Federal (specify)</i> | \$ |
| <i>State (specify)</i> | \$ |
| <i>Local (specify)</i> | \$ |
| <i>Private Contributions (specify)</i> | \$ |
| | |
| <i>TOTAL PROJECT REVENUES</i> | \$ |
| | |
| <i>CDBG % OF GRANT TOTAL</i> | \$ |

15. Total Current Agency Budget

| <i>Income (present fiscal year)</i> | <i>\$</i> | <i>Percent of total budget</i> |
|--|------------------|---------------------------------------|
| <i>Federal</i> | | |
| <i>State</i> | | |
| <i>City/Town</i> | | |
| <i>Other Grants</i> | | |
| <i>Fees</i> | | |
| <i>Investments/Trusts/Etc.</i> | | |
| <i>Third Party Reimbursement</i> | | |
| <i>Other (please specify)</i> | | |
| | | |
| <i>Total Income</i> | | |
| <i>Expenses</i> | | |
| <i>Salaries</i> | | |
| <i>Executive Director</i> | | |
| <i>Other Staff</i> | | |
| <i>Materials & Supplies</i> | | |
| <i>Equipment & Property</i> | | |
| <i>Contracted Services</i> | | |
| <i>Travel</i> | | |
| <i>Advertising/Public Relations</i> | | |
| <i>Other (please specify)</i> | | |
| | | |
| <i>Total Expenses</i> | | |
| <i>Total Assets</i> | | |

16. ORGANIZATION INFORMATION

- A. Background – Include the length of time the agency has been in operation, date of incorporation, the purpose of the agency and type of corporation.

- B. Describe all services and programs offered. If a license to operate your agency is necessary, submit a copy of the license.

- C. Describe the agency's existing staff positions and qualifications.

- D. Do you have a personnel policy manual with an affirmative action plan and grievance procedure?

- E. Describe the agency's fiscal management including financial reporting, record keeping, accounting systems, payment procedures and audit requirements.

- F. Provide evidence of financial accountability such as a recent audit or annual accounting with balance sheet.

NOTE: *Audit Requirements – In accordance with the Office of Management and Budget Circulars A-133, A-128 and A-110, the Federal Government requires that non-profit organizations receiving \$500,000 or more in federal financial assistance in a fiscal year must secure an audit.*

17. CONFLICT OF INTEREST QUESTIONNAIRE

- A. Are any employees, agents, consultants, officers, or elected officials of the agency requesting funds in a position to participate in the decision making process for approval of this application?

- B. Are any employees, agents, consultants, officers, or elected officials of the agency requesting funds in a position to gain inside information with regard to approval of this application?

- C. Will any employees, agents, consultants, officers, or elected officials of the agency requesting funds obtain a financial interest from this activity?

- D. Will any employees, agents, consultants, officers or elected officials of the agency requesting funds have an interest in any contract, subcontract or agreement with respect to funding this application, either for themselves or those with whom they have family or business ties during the 2016 program year and one year thereafter?

If you are approved for funding and have answered YES to any of the above questions, a disclosure notice must be issued and a 15-day public comment period must be held prior to execution of FY 2016 grant agreement or release of funds.

Signature

Date